SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768 ♦ www.state.sd.us/doh/nursing

REINSTATEMENT FOR ADVANCED PRACTICE NURSE

❒CERTIFIED NURSE MIDWIFE (CNM) ❒CERTIFIED NURSE PRACTITIONER (CNP)

❒CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) ❒CLINICAL NURSE SPECIALIST (CNS)

Your Advanced Practice license expires on your birth date.
If not renewed by the expiration date, the license lapses and **must** be reinstated prior to resuming practice.

Provisions in law and rule relating to practice without a valid license and reinstatement of a lapsed license:

SDCL 36-9A-29	Revocation or suspension of license – Grounds
SDCL 36-9A-35	Prohibited Acts (Class 1 Misdemeanor)
ARSD 20:62:02:7	Reinstatement of Lapsed Licenses
SDCL 36-9A-24	Reinstatement of Lapsed License
SDCL 36-9-49	Grounds for denial, revocation or suspension of license, certification or application
SDCL 36-9-68	Prohibited Acts – Misdemeanor
SDCL 36-9-71	Unlicensed practice of nursing as a public nuisance
ARSD 20:48:03:12	Lapse and reinstatement of license
SDCL 36-9-47	Reinstatement of lapsed license or certificate – Fee

To reinstate your CNM, CNP, CRNA, or CNS license:

- You must be actively licensed as a Registered Nurse.
  - ❒ If South Dakota is your primary state of residence, or if you reside in a non-compact state and your South Dakota RN license is active, you have satisfied this requirement.
  - ❒ If South Dakota is your primary state of residence, or if you reside in a non-compact state and your South Dakota RN license has lapsed, you must Reinstate your South Dakota RN license.
  - ❒ If you reside in a Compact State and your RN license in that state is active, please send a copy of that active RN license to be verified by the South Dakota Board of Nursing.
- Complete and submit the APN Reinstatement Application (below).
- Complete and submit Verification of Certification Form. You are responsible to maintain current certification throughout your licensure renewal cycle and to provide evidence to the Board of current certification. When filing your recertification paperwork, provide a Verification of Certification Form to the certifying organization along with appropriate payment, requesting that verification of your new certification expiration date be forwarded to the Board office.

NOTE: You are exempt from the **CNP/CNM** certification requirement if you were originally licensed as a **CNP/CNM** in South Dakota prior to June 26, 1996 and have never submitted certification evidence to the Board for licensure purposes. You are exempt from the **CNS** certification requirement if you were originally licensed as a CNS in South Dakota prior to July 1, 1996 and have never submitted certification evidence to the Board for licensure purposes.

CERTIFIED NURSE MIDWIFE: Complete and submit a CNM Collaborative Agreement.

CERTIFIED NURSE PRACTITIONER: Complete and submit a CNP Collaborative Agreement.

FEES To reinstate both your South Dakota RN license and your South Dakota Advanced Practice licenses: $90 RN Renewal + $50 RN Reinstatement + $70 APN Renewal + $50 APN Reinstatement = $260.
To reinstate your APN license only: $70 APN Renewal + $50 APN Reinstatement = $120.

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ADVANCED PRACTICE NURSE REINSTATEMENT APPLICATION

❒CERTIFIED NURSE MIDWIFE (CNM) ❒CERTIFIED NURSE PRACTITIONER (CNP)
❒CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) ❒CLINICAL NURSE SPECIALIST (CNS)

The reason my license # _____ lapsed is _____
Have you worked in South Dakota on this lapsed license? ❒YES ❒NO
If YES, where and when? _____

APPLICANT NAME: _____
FIRST MIDDLE MAIDEN LAST OTHER NAMES

ADDRESS: _____
SOCIAL SECURITY #: _____ RN STATE/LICENSE #: _____ EXPIRATION DATE: _____
❒MALE ❒FEMALE DATE OF BIRTH: _____ TELEPHONE: _____ EMAIL: _____
CERTIFICATION INFORMATION: ❒I am exempt from certification.
❒I am submitting Verification of Certification with this application.

CNM ONLY: ❒ I am not filing a Collaborative Agreement with the Boards; I do not perform overlapping scope of practice nursing and medical functions as defined in SDCL 36-9A-13.
❒ I have a current Collaborative Agreement on file with the Boards.
❒ I am submitting a new CNM Collaborative Agreement for review and approval by the Boards.

CNP ONLY: ❒ I am not filing a Collaborative Agreement with the Boards; I do not perform overlapping scope of practice nursing and medical functions as defined in SDCL 36-9A-12.
❒ I have a current Collaborative Agreement on file with the Boards.
❒ I am submitting a new CNP Collaborative Agreement for review and approval by the Boards.

DISCIPLINARY INFORMATION	
1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations? **If YES, provide a signed and dated explanation. You must also submit copies of charges or citations and All communication with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements.**	❒YES ❒NO
2. Is there any pending criminal prosecution against you which would constitute a felony?	❒YES ❒NO
3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	❒YES ❒NO
4. Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	❒YES ❒NO
5. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	❒YES ❒NO
6. Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?	❒YES ❒NO
7. Within the last two years, have you been treated for abuse or misuse of any alcohol or chemical substance?	❒YES ❒NO
8. Within the last two years, have you experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?	❒YES ❒NO
9. Do you currently owe child support arrearages in the sum of $1,000 or more?	❒YES ❒NO
For 2-9 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and circumstances. You must also send ALL supporting applicable documents.	

DECLARATION OF PRIMARY STATE OF RESIDENCE – AND – AFFIDAVIT

❒ I declare that my primary state of residence (where I hold a driver's license, pay taxes, and/or vote) is: _____. This is my "home state" under the Nurse Licensure Compact and is my "declared fixed permanent and principal home for legal purposes."

- OR –

❒ I am employed by the federal government, and so am not affected by the Nurse Licensure Compact requirements regarding Primary State of Residence. Name of employer: _____.

I further declare and affirm under penalties of perjury that this application for nurse licensure in South Dakota has been examined by me and, to the best of my knowledge and belief, is in all things true and correct.

Applicant Signature: _____ Date _____.